

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020022  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1-002 Registrar's No. 2715

FILED MAY 29 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kans.</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>		d. STREET ADDRESS <b>2720 Lathrop</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Eli</b> Last <b>Cox</b>		4. DATE OF DEATH Month <b>May</b> Day <b>9</b> Year <b>63</b>	
5. SEX <b>Ma.</b>	6. COLOR OR RACE <b>Wh.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-1-1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bldg. Matl.</b>	11. BIRTHPLACE (City and state or country). <b>Lubbock, Texas</b>
13a. FATHER'S NAME <b>Isiah Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Marley</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie May Cox</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>286</b>	17. INFORMANT Address <b>Minnie May Cox -2d 2720 Lathrop</b>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Dilatation</b> DUE TO (b) <b>Bilateral Hydropneumothorax</b> DUE TO (c) <b>Lymphoblastoma</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b> <b>11+ mos</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>2:30 AM</b> Month, Day, Year <b>May 9, 1963</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Kans. City</b>		COUNTY <b>Kans.</b> STATE <b>Kans.</b>	
21. I attended the deceased from <b>August 1962</b> to <b>May 9, 1963</b> and last saw him alive on <b>May 8, 1963</b> Death occurred at <b>2:30 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm. H. Goodson, Jr., M.D.</b>		22b. ADDRESS <b>1322 8th Professional Building Kansas City 6, Mo.</b>	
22c. DATE SIGNED <b>5/10/63</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-11-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Kans. City, Kansas</b>	
24. FUNERAL DIRECTOR <b>Werner Mortuary Kans City, Kans.</b>		25. DATE RECD. BY LOCAL REG. <b>5-10-63</b>	
26. REGISTRAR'S SIGNATURE <b>R. with Long</b>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald F. Werner

Licensed Embalmer No. 5007

P. O. Address Kanawha, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.